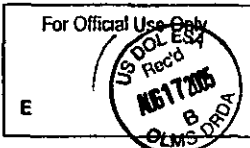


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11 30-2006

This report is mandatory under P L 86 257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>9143</u>	2 Fiscal Year Covered From <u>1</u> / <u>1</u> / <u>2004</u> Through <u>12</u> / <u>31</u> / <u>2004</u>
3 Name and address of person filing Name <u>ROGER</u> <u>D</u> <u>DEEL</u> P O Box Bldg Room No If any Street <u>9006 COLDWATER ROAD</u> City <u>FORT WAYNE</u> State <u>IN</u> ZIP Code + 4 <u>46825</u>	4 Name file number and address of labor organization Name <u>COMMUNICATIONS WORKERS OF AMERICA</u> Labor Organization File Number <u>000188</u> P O Box Building and Room Number If any Street <u>501 THIRD STREET, N.W.</u> City <u>WASHINGTON</u> State <u>DISTRICT OF COLUMBIA</u> ZIP Code + 4 <u>20001-2797</u>
5 Position in labor organization <u>DIRECTOR OF IUE-CWA REGION 8</u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name Trade Name if any P O Box Bldg Room No If any Street City State ZIP Code + 4	7 a Nature of Interest Transaction or Income 7 b Amount

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)		
Signed <u>Roger D. Deel</u>	On <u>8-10-05</u> Date	<u>260-489-7092</u> Telephone Number

Name of Person Filing

ROGER DEEL

File Number U

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name COMMUNICATIONS WORKERS OF AMERICA

Trade Name If any

P O Box Bldg Room No If any

Street 501 THIRD STREET, N.W.

City WASHINGTON

State DISTRICT OF COLUMBIA ZIP Code + 4 20001 2999

9 Business deals with

☐ a Labor Organization☒ b Trust☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name UAW-CWA PENSION FUND

Trade Name If any

P O Box Bldg Room No If any

Street 1460 BROAD STREET

City BLOOMFIELD

State N.J. ZIP Code + 4 07003-3028

11 a Nature of such dealing

PENSION FUND MEETINGS TO
ADMINISTER PENSION FUND INVESTMENTS

11 b Approximate dollar value of such dealing

\$ 790

12 a Nature of interest held or income received

TRUSTEE ON PENSION FUND

12 b Amount

\$ 790

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name

Trade Name if any

P O Box Bldg Room No If any

Street

City

State ZIP Code + 4

14 a Nature of payment

13 b Is the Business an Employer ☐ or Consultant ☐ ?

14 b Amount of payment

Name of Person Filing

File Number U

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name COMMUNICATIONS WORKERS OF AMERICATrade Name if any P O Box Bldg Room No if any Street 501 THIRD STREET, N.W.City WASHINGTONState DISTRICT OF COLUMBIA ZIP Code + 4 20001-2797

9 Business deals with

☐ a Labor Organization☒ b Trust☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name MARCO CONSULTING GROUPTrade Name if any P O Box Bldg Room No if any Street 550 WEST WASHINGTON BLVD., 9TH FLCity CHICAGOState IL ZIP Code + 4 60644

11 a Nature of such dealing

REPRESENTATIVE FROM MARCO BOUGHT DINNER FOR PENSION FUND REPRESENTATIVES

11 b Approximate dollar value of such dealing

\$ 78.14

12 a Nature of interest held or income received

MARCO IS A CONSULTANT WHO ADVISES THE PENSION FUND ABOUT INVESTMENTS

12 b Amount.

\$ 78.14

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4

14 a Nature of payment

14 b Amount of payment.

13 b Is the Business an Employer ☐ or Consultant ☐ ?

Name of Person Filing

ROGER DEEL

File Number U

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name COMMUNICATIONS WORKERS OF AMERICA

Trade Name if any

P O Box Bldg Room No if any

Street 501 THIRD STREET, N.W.

City WASHINGTON

State DISTRICT OF COLUMBIA ZIP Code + 4 20001-2797

9 Business deals with

☐ a Labor Organization☐ b Trust☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name BECKER Y GALANTI PC

Trade Name if any

P O Box Bldg Room No if any

Street 3362 HOLLENBERG DR, SUITE 200

City BRIDGETON

State M.O. ZIP Code + 4 63044

11 a Nature of such dealing

LAW FIRM SEEKING TO REPRESENT
OUR MEMBERS IN WORKERS COMP
CLAIMS

11 b Approximate dollar value of such dealing

12 a Nature of interest held or income received

THE FIRM BOUGHT DINNER

12 b Amount

\$48

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

14 a Nature of payment

13 b Is the Business an Employer ☐ or Consultant ☐ ?

14 b Amount of payment